

**DEPARTMENT OF FIRE SERVICES  
MASSACHUSETTS FIREFIGHTING ACADEMY  
THE CALL/VOLUNTEER FIREFIGHTER TRAINING PROGRAM APPLICATION**

**A COURSE INFORMATION**

COURSE TITLE: \_\_\_\_\_

COURSE #:    -    -    - SESSION:

LOCATION: \_\_\_\_\_ START DATE: \_\_\_\_\_

**B STUDENT INFORMATION: PLEASE PRINT CLEARLY**

❖ **FIELDS MUST BE COMPLETED IN ORDER TO BE PROCESSED**

❖ NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL RANK

❖ ID# (SOCIAL SECURITY OR DRIVER'S LICENSE NUMBER): \_\_\_\_\_  
**\*\*YOU MUST PROVIDE A SOCIAL SECURITY NUMBER OR A DRIVERS LICENSE NUMBER IT IS NOT AN OPTION\*\***

❖ MAILING ADDRESS: \_\_\_\_\_  
STREET (do not use fire dept. address) CITY STATE ZIP

EMAIL ADDRESS FOR CONFIRMATION: \_\_\_\_\_

❖ HOME PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ PAGER #: \_\_\_\_\_

❖ FIRE DEPARTMENT (city/town): \_\_\_\_\_ STATE: \_\_\_\_\_

EMT # (If Appl.):

**I CERTIFY THAT I AM A DULY APPOINTED MEMBER OF THE ABOVE CALL/VOLUNTEER FIRE DEPARTMENT AND THAT I AM AT LEAST 18 YEARS OF AGE.**

❖ SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

♦ HAS APPLICANT EVER ATTENDED A CALL/VOLUNTEER FF TRAINING? ☐ YES ☐ NO

**C REGISTRATION INFORMATION IF YOU ARE NOT ABLE TO ATTEND, PLEASE NOTIFY THE REGISTRAR**

MAIL APPLICATION TO: CHRISTINE DANSEREAU  
MASSACHUSETTS FIREFIGHTING ACADEMY  
P.O. BOX 1025  
STOW, MA 01775

FAX APPLICATION TO: (978) 567-3229

IF YOU HAVE ANY QUESTIONS: (978) 567-3227

WEBSITE ADDRESS: [www.mass.gov/dfs](http://www.mass.gov/dfs)

**D**

**MASSACHUSETTS TRAINING COUNCIL  
PROTECTIVE CLOTHING COMPLIANCE FORM**

In accordance with the Massachusetts Fire Training Council policy for Live Fire Training Exercises and Evolutions, this section must be completed for each person who registers for any Firefighting Academy program which includes live fire training.

My endorsement in this block indicates that the turnout gear (Full Ensemble Includes: helmet, protective hood, coat, trousers, gloves and boots) which is to be brought to training by \_\_\_\_\_  
has been purchased by: (students name)

☐ this department ☐ the student

and at the time of purchase it complied with the following standards:

OSHA 29 CFR 1910.156(e) (2) (iii)

NFPA Standard on Protective Ensemble for Structural Firefighting  
that was in effect at the time of purchase.

Chief of Department Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_